STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
			D WING			
		HAL051007	B. WING		08/1	0/2016
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MCLAME	B'S REST HOME		POINTS ROA NC 27504	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	done by Bob Getch This facility was firs Aged serving 12 re Therefore the facilit conformance with t portions of the 2009 Adult Care Homes Revision 2 of the 19 Building Code(s) for	Biennial Construction Survey all on August 10, 2016. In the sidents on May 1, 1982. It was surveyed for the 1977 and the applicable in Fallow for the Licensing of the Seven or More Beds, and, 1977 North Carolina State or Institutional Occupancy.				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			
	coverings kept clea (2) have no chroni (3) have furniture (06 HOUSEKEEPING AND				
	1. Based on obser	et as evidenced by: vation, the resident furnishings ther areas were not maintained				
	Findings include:					
	loose/missing on th	furniture with handles				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
			D WING				
		HAL051007	B. WING		08/1	0/2016	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
MCLAM	B'S REST HOME		POINTS ROA NC 27504	AD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
C 166	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards; (e) This Rule shall facilities. This Rule is not me 1. Based on observer not maintaine broken glass. This cut/abraision hazar Findings include:	es shall: in an uncluttered, clean and e of all obstructions and apply to new and existing et as evidenced by: vation, the facility windows d free from hazards by having could expose residents to a d.	C 166				
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the exwhich shall not app This Rule is not med 1. Based on observers.	and all fire safety, electrical, cumbing equipment in an adult maintained in a safe and apply to new and existing acception of Paragraph (e) ly to existing facilities.	C 189				

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STATE FORM 6899 UMLT21 If continuation sheet 2 of 5

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL051007	B. WING		08/1	0/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MCLAME	3'S REST HOME		POINTS ROA NC 27504	AD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
C 189	Continued From pa	ge 2	C 189				
	the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.						
	Findings include:						
	a) The attic draft stop wall has unprotected penetrations by conduit and cable b) The ceiling integrity in Heater Room #2 has been compromised by a condensate leak. c) The ceiling in the Laundry hall storage room is damaged from a previous leak d) The ceiling in the Laundry has an unprotected penetration						
	2. Based on observation, the building fire protection equipment was not maintained to keep the facility safe. This would affect all residents if the systems failed to detect smoke or suppress a fire.						
	Findings include:						
	a) The heat detector ceiling in the staff ba	r is coming loose from the athroom.					
	equipment was not	vation, the building plumbing maintained operable. This ents to a slip and fall hazard.					
	Findings include:						
	Toilets are coming I following locations: a) Corridor bathrooc) Corridor bathrooc)	om near room 3					

4. Based on observation, the building plumbing

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVE COMPLETED	
		HAL051007	B. WING		08/1	0/2016
NAME OF PROVIDER OR SUPPLIER STREET ADI			DRESS, CITY, S	STATE, ZIP CODE		
MCLAME	S'S REST HOME		POINTS ROA NC 27504	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 3	C 189			
	equipment was not maintained in a safe manner by not using an anti-siphon device. This would affect all residents by potentially siphoning waste water into the potable water system.					
I	Findings include:					
	a) The spray hose #2 has no vacuum	at the tub in corridor bathroom breaker.				
	5. Based on observation, the building exit signage was not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency.					
	Findings include:					
	in the following loca a) The Exit sign at t working	rgency lights are not working ations: the right exit door is not the right Exit door is not				
	system was not ma safe by having fixtu	vation, the building electrical intained to keep the facility res improperly wired. This en staff to a potential shock				
	Findings include:					
		to the right of the kitchen sink s wired with "reversed polarity"				
	and cooling system	rvation, the heating, ventilation is not maintained safe. This dents by the air circulation the corridor.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HALOE4007	B. WING		00/4	0/2046
		HAL051007	D. WING		08/1	0/2016
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MCLAME	B'S REST HOME		POINTS ROA NC 27504	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From particles Findings include: a) Two HVAC system half of the building, bedrooms and the cothe corridor making plenum. There were circulating fans upon which greatly increase.	,	TAG C 189		PRIATE	DATE

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